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ABSTRACT

The integration of educational staff programs with clinical/treatment staff programs and the adjustment of 57 seriously emotionally disturbed children to a centralized school facility were examined. Questionnaires were developed for the teachers/treatment staff and for the students. Among results of the staff responses were that 83% of the teaching staff and 55% of the treatment staff favored having summer school at a centralized school campus; that 100% of all staff felt they had observed a positive increase in the attitude of students allowed to return to a centralized setting; and that there was no significant difference between the perceptions of teaching and treatment staff regarding the use and effectiveness of timeout procedures. Student survey responses revealed such findings as that there was a positive correlation between attendance at school on a centralized school campus and the lowering of anxiety level over time. (Among three appendixes are a sample student questionnaire and summary tables of statistical results.) (CL)

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ABSTRACT

A Centralized Educational Facility for Seriously Emotionally Disturbed and Multihandicapped Students Residing at a Clinical Institutional Setting

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INTRODUCTION:

Summer school for Special Education in 1978 provided an unique opportunity to investigate attitudes, trends and effectiveness regarding conducting classes for the seriously emotionally disturbed and multihandicapped students at a centralized school facility in the Ramona Unified School District. These types of students have such a severe emotional disturbance that they require placement at a Licensed Children's Institution clinical/residential facility commonly called an LCI.

PURPOSE OF THE STUDY:

The purpose of this study was to examine: a. the attitudes, roles and perception of educational and clinical treatment staff interacting together at a centralized school campus; b. to examine the perceptions of seriously handicapped students in regards to their attitudes and perceptions when being re-placed back into a centralized school campus setting; c. to develop guidelines and needs from the perspective of educational administrators in running similiar future programs.

REVIEW OF THE LITERATURE:

In summary, a review of the literature revealed the following:

1. Very little research has been done in the area of effective public school education for SED children in a residential or licensed children's institution.

2. High emphasis was placed on career-vocational training which seems to have proved critical in providing success (Goveia, 1969; Zivan, 1966).

3. That success rates were much higher in residential treatment facilities than in state hospitals (Goveia, 1969).

4. That with advanced training, educational staff are just as effective as clinical/psychiatric staff in managing and effecting positive behavioral changes in SED students (Bower, 1969).

5. That an effective student ratio has been reported as one teacher/counselor for eight SED students in residential settings (Bower, 1969).

THE DESCRIPTION OF THE SAMPLE:

Educational staff ranged from 28 to 50 years of age. There were four female and six male teachers. All possessed a special education credential from the State of California. The Principal for the summer school program was also a credentialed School Psychologist. The average age for treatment staff personnel was between 25 and 45 years of age. Education varied from two years

of college to 4 more years of education. There were 11 treatment personnel (4 females and 7 males). The students ages ranged from 10 to 18 years. There were 16 females and 41 male students. All students were classified as either seriously emotionally disturbed or multihandicapped (i.e., seriously emotionally disturbed and mentally retarded.

MATERIALS/PROCEDURES:

Two separate questionnaires were developed, one for the teachers/treatment staff and one for the students. Some of the questions used a Lierkert scale format where students and staff could rate their responses from a low of 1 to a high of 5.

Both the teachers/treatment survey and the student survey were administered at the end of summer school. Staff and students were asked to rate their attitudes/perceptions for each question. The "T" test for means was used on the student questionnaire. In addition, the Pierson Product Moment Correlation/R was used. The "means" and "percentages" were utilized for those questions on both staff and student surveys that were investigated for trends only.

Limitations of the data affecting test results were as follows:

1. The sample size was small in all cases for the treatment-educational staff.

2. The treatment-educational staff are a select group with average or above average educational and practical experiences in this area.

3. Nineteen days of summer school was not viewed as a long enough period of time to effect a significant change when utilizing a "T" test analysis. It was believed that correlation coefficients would be a better indicator of possible relationships.

4. The surveys were not field tested prior to their administration. However, enough open-ended-unstructured questions were used in each survey to help minimize this problem.

SUMMARY/CONCLUSIONS DRAWN FROM STATISTICAL DATA:

Educational/Treatment Staff Survey: Questions 1a and 1b: There were no significant difference between the scores of the teaching and treatment staff responses indicating that all staff felt that backup support was from high average to excellent when student disruptions occurred in the classroom or on campus. Therefore, before undertaking the education of such emotionally disturbed students, administrative staffs responsible for planning such a program, must ensure adequate support services to teachers.

Question 1c: There was a significant difference between the treatment and teaching staff observations regarding the procedures used in handling students during crises in class or on campus. There seems to be a wider variance of opinion among teachers as to what are considered adequate techniques in handling such student behavioral/emotional problems. One hypothesis regarding this may be due to the differences in training backgrounds of the clinical and teaching staff. Teachers are primarily oriented toward academic endeavors rather than counseling/therapy or group management techniques. This suggests that special education teachers who are remediating social/emotional deficits of seriously emotionally disturbed students may not be receiving proper training. Teachers who are training in this area will have to realize that they must effectively deal with serious behavioral/emotional overlays rather than with just a classic "learning disability".

Question 1d: There was no significant difference between opinions of treatment and teaching staff in regard to the cooperation of LCI personnel in aiding with student problems. Data supports the premises that educational and clinical staff can work effectively together in managing SED and MH students at a centralized educational facility. Despite this cooperation, approximately 5% to 8% of the total summer school student population still needed the more specialized services of the LCI. This indicates two important facts. First, many more seriously handicapped students are able to function at a special centralized educational facility than was thought possible. Secondly, it seems that there will always be a need for some type of self-contained class at the treatment facility to serve 5% to 8% of the residing students whose behavioral/emotional needs cannot be met at a centralized educational facility.

Question 1e: There was no significant difference between the perceptions of teaching and treatment staff regarding the use and effectiveness of time out procedures at the school sit. However, total staff indicated that an ideal situation would entail the use of a larger and more secluded time out area.

Question 2a: Results indicated that 82% of the total staff felt that they observed a positive increase in the attitude of the students when they were allowed to attend the centralized campus setting.

Question 2b: Results indicated that 100% of all staff observed that the students seemed to do better under a very direct and high structured environment.

Questions 2c and 2d: Results indicated that 80% of the teachers felt that there was a positive improvement in pre and post summer school performance while only 25% of the treatment staff felt they observed positive academic growth. It can be hypothezied that due to the differences in training background, the treatment staff may not be adequately familiar with techniques utilized by educators in rating/judging academic/behavioral gains. Also 80% of the total staff observed a positive increase in productive academic work output by these students. Productive work could be another way of describing "motivation" which seems to have increased at the regular centralized school campus.

Question 2e: This question dealt with staff's attitudes regarding having summer school at a centralized school campus. Results indicated 83% of the teaching staff and 55% of the treatment staff were in favor of this type of program. Despite the fact that a major number of student trends are viewed as positive by a majority

of treatment staff indicated by responses to questions 2a, 2b, and 2d, there was still a reluctance by approximately one-half of the LCI treatment staff to see any advantages for these seriously emotionally disturbed students attending classes away from the treatment facility. This data seems to caution educational administrative personnel that, if in the future, seriously emotionally disturbed students from the local LCI's are again placed at a centralized school campus, that the educational system must be prepared to work through this underlying resistence by clinical staff. This also implies that educational administration must be prepared to supply enough ot its own personnel for support services to the regular teacher rather than rely solely on cooperation for crisis intervention by clinical/treatment staff.

Question 3: Data indicates that 100% of teaching/treatment staff fully agree that the optimal time for educating these students was best met in the morning hours somewhere between 7:30 a.m. and 12:30 p.m.

Question 4: The following future needs were listed by teacher/ treatment staff in order to run a more effective summer school program:

a. more total staff support
b. include teacher aides in the classroom
c. provision for teaching materials
d. better isolation area for disruptive students

Questions 5 and 6: Seventy-one percent of the teaching/treatment staff indicated that the role of the clinical personnel should be that of direct backup to the teacher which included intervention during student behavioral/emotional crisis in the classroom. Of this 71%, the major portion of clinical staff (88%) were willing to take an active part in the classroom with the teacher in dealing with serious emotional/behavioral problems. At the same time, 35% of the educational staff were resistant to this "kind" of help. It can be concluded that there is still a large minority of teachers who believe that clinical involvement with the educational system should be very minimal and that direct crisis intervention in the class is not necessarily a part of that involvement.

Students' Survey: There was no significant difference between pre and post testing data in all areas investigated for students. This was expected due to the short duration of the summer school program in which to effect a significant change. However, significant correlations were found in nearly all areas investigated for students.

Question 1: In regards to anxiety levels and attendance at school on a regular centralized facility, a significant correlation was found at the .05 level for the females and at the .001 level for males and total group. This suggests that there seems to be a positive correlation between attendance at school on a centralized school campus and the lowering of anxiety level over time.

Question 2: In regards to the student's perceptions of being able to follow rules better using a highly structured approach at a centralized campus facility, a significant correlation was found at the .01 level for males and in the total group. The female correlation was not significant. Therefore, males seem to indicate that they are able to better adjust to being placed in a centralized school campus using high structured methods. However, it is difficult to hypothesize what may have influenced the female students' perceptions. This is especially confusing since 100% of all of the support and teaching staff observed that students seemed to adjust well by the end of summer school when using a high structured approach. One reason may be that there is a lack of adequate feed back to the females students to indicate that they are actually doing better than they think.

Question 3: In regards to students' perceptions of their academic performance, a significant correlation existed at the .001 level for male, female and total group ratings. Therefore, there does seem to be a positive relationship between students' attendance at a regular centralized school campus and their perceptions of increased academic ability.

Question 4: The attempt here was to obtain data from students which they felt would help them perform better at a centralized school facility. Thirty-seven percent of all students indicated that mixed co-ed classes would help them adjust better. Considering that two of the three LIC's are either totally male or totally female clientele, it is possible that sex segregation at this age creates additional stress and lends to more difficulty in acceptable classroom adjustment.

Administrative Observations and Future Needs: The following is a list developed from the view point of an administrative and psychologist in dealing with seriously emotionally disturbed students at a centralized school campus:

1. The actual school facility must have a good visual layout where all doors and walkways can be scanned easily from the main office.
2. Use of systematic exclusion can be best implemented if the time out area has a much larger and more isolated area.
3. There is a definite need to have sufficient office space for treatment staff to conduct counseling.
4. At least one non-administrative backup staff (i.e., counselor) is needed for every 30 SED students at the centralized school campus.
5. Classes need to be grouped primarily by sex and facility.
6. Breaks/recesses need to be staggered for each class.
7. Backup staff needs to constantly circulate on campus and not hesitate to enter a class to aid a teacher with behavior management.
8. Teaching staff must utilize a high degree of contractual management with token economy systems. Effective secondary reinforcers were found to be a co-educational extended break once a week and co-ed dances once a month.
9. The total general staff needs to have more extensive in-service training on procedures of restraining, its purpose, and when to use or not use it.

10. Since there were still approximately 8% of the students who had to be returned to the LCI's, a plan needs to be developed which will also service these students.

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CHAPTER I

INTRODUCTION

Summer school for Special Education in 1978 proved an unique opportunity to investigate attitudes, trends and effectiveness regarding conducting classes for the seriously emotionally disturbed and the multihandicapped student at a centralized school facility. These types of students have such a severe emotional disturbance that they require placement at a Licensed Children's Institution (LCI) or clinical/treatment facility. It is at these sites that such students receive special education with classes conducted through Ramona Unified School District. The degree of the emotional/behavioral disability is so severe that these students have a history of being excluded from regular school since they cannot be managed even in special education classes on a regular school campus.

The recent cause which resulted in removing these students for a period of time from the local Licensed Children's Institution schools and placing them together at a regular school campus was due to recent decisions by Governor Brown. These decisions mandated that seriously handicapped students be educationally served in summer school despite the loss of tax revenue for operating expenses resulting from the passage of Propostion 13 in California during 1978. As a result, transportation logistics and cost effectiveness considerations in running the special education summer school required placing the seriously distured students from three separate Licensed Children's Institutions ranch campuses into a single, centralized regular campus facility.

STATEMENT OF THE PROBLEM: SPECIFIC QUESTIONS INVESTIGATED

Teachers: Staff was poled in five areas (see Appendix A) regarding their perceptions of teacher and treatment personnel working together on a regular school campus.

Question one examined the total staff's ratings of support services in terms of back up for student disruptions on campus and in the class, procedures in handling student crises problems, cooperation between Licensed Children's Institutions treatment staff and teachers and the effectiveness of using systematic exclusion as a therapeutic technique.

Question two investigated the total staff's observations of how students responded to the use of high structure encountered on the campus, students' level of academic performance, the degree of productive academic work output, and staff's general attitudes regarding having summer school for the seriously emotionaly disturbed and multihandicapped students on a regular school campus.

Question three obtained opinions regarding the optimum time of day that these types of students seem to learn best.

Question four developed a needs assessment from teachers and clinical staff for the possible future education of these students on a regular school campus facility.

Questions five and six defined how treatment staff and educators viewed the treatment staff's role in relation to the educational process.

As a result, the following statement of null hypothesis was developed for Questions 1 and 2 mentioned above:

Question one: There will be no significant difference in attitudes between the treatment staff and the teaching staff in regards to the effectiveness of overall support services.

Question two: There will be no significant difference in attitudes between teaching staff and treatment staff suggesting that SED students from the Lciensed Children's Institutions benefitted from attending summer school on a regular school campus setting.

Null hypothesis were not developed for questions 3, 4, 5 and 6 since they investigated for indications of trends only.

Questions three: Question three tried to determine trends in staffs' opinion regarding the optimal time of the day to educate the seriously emotionally disturbed student.

Question four: Question four attempted to discover the future needs of teachers and treatment staff who might find themselves in such a teaching situation again.

Questions five and six: Questions five and six were grouped together in order to clarify the clinical treatment role in regards to the educational process.

Students: The first question (see Appendix B) investigated the degree of anxiety adjustment of seriously emotionally disturbed students when being moved from a treatment campus onto a regular school campus setting. Note that many of these students had not been on a regular school campus in over a year. In the past, these students had met with repeated failures under the stress of the regular school campus. The very physical presence of a regular school campus symbolized possible disaster in the minds of these students.

The second question (see Appendix B) attempted to obtain students' perceptions of their adjustment to the relatively high structure demanded at a regular school campus. Data from this question would give information to clinical staff as well as educators if such students seemed to benefit from a high degree of directive therapy and structured class environment versus a non-directive theraputic and teaching approach.

The third question (see Appendix B) investigated the students' perceptions of their ability to learn academics in the setting of a regular centralized school campus.

A fourth open-ended question (see Appendix B) investigated students' opinions of what would afford them a better opportunity of success in such a setting again.

Based on the above areas under investigation for students, the following null hypothesis were developed for questions 1, 2 and 3.

Question one:

a. there is no significant difference between pre and post SED students' anxiety level in regards to attending a centralized school campus.

b. no significant correlation exists between SED students' attendance on a regular centralized school campus and reduced student anxiety levels.

Question two:

a. there is no significant difference between pre and post SED students' perceptions regarding ability to perform in a high structured environment on a regular centralized school campus.

b. no significant correlation exists between SED students' attendance on a regular centralized school campus and increased ability to follow school rules.

Question three:

a. there is no significant difference between pre and post SED students' perceptions of their ability to perform academic work on a regular centralized school campus.

b. no significant correlation exists between SED students' attendance on a regular centralized school campus and increased ability to perform academic class work.

A null hypothesis was not developed for question four since this question investigated trends only.

Question four attempted to determine the needs of SED students which they perceived as helpful to their success on a regular centralized school campus facility.

Administrative Observations for Future Needs: A list of needs and conditions for running an effective summer program on a regular school campus was developed by educational administration. It is believed that such a program could be run effectively provided specific factors were considered and precise needs met before embarking on such an endeavor. These needs and observations will be included under the Summary.

PURPOSE OF THE STUDY

The purpose of this study is to examine:

a. the attitudes, roles and perceptions of educational and treatment staff interacting together on a centralized school campus.

b. to examine the perceptions of seriously emotionally disturbed students in regards to their attitudes and perceptions when being replaced back into a centralized school campus setting.

c. to develop guidelines and needs from the perspective of educational administrators in running similiar future programs.

IMPORTANCE OF THE STUDY

Educators and clinical staff are inevitably finding themselves interfacing more and more as part of a total team in developing Individual Educational Programs (IEP's) for special education students per mandates of the California Master Plan and PL 94-142. The same staff of educators and clinicians will also be relying on each other more in the future in dealing with the behavioral and emotional problems of seriously emotionally disturbed students.

As a result, information gathered from this study will aid in making interactions of staff from various disciplines more effective, especially if such children are brought to a centralized school facility from the surrounding Licensed Children's Institutions rather than educators going to the Licensed Children's Institution to teach students.

In terms of the seriously handicapped student, this study will examine what kinds of problems may arise or may be of little concern when such students are taught at a regular centralized school campus setting. With the advent of "mainstreaming" this move to a less restrictive environment seems inevitable. As a result, data from this study will help in making such student transitions more successful.

DEFINITION OF KEY TERMS

Regular Centralized School Campus - for the purpose of this study, this was a regular junior high school campus. All SED/MH students residing at Licensed Children's Institutions within the Ramona Unified School District were brought together at the Ramona Intermediate School Campus from the three local ranches. However, a more emcompassing definition can be extended to include any seperate centralized educational facility apart from a regular school campus where institutionalized children are brought together from local clinical settings for the purpose of receiving an education.

Licensed Children's Institution - non-profit, private psychiatric/clinical corporation, licensed by the State of California to care for students who have not been able to adjust in the local community due to severe social-emotional deficits. Traditionally, teachers employed through Ramona Unified School District go to each of the three seperate Licensed Children's Institutions within the district and teach at the facility.

Special Education Student - this is any student enrolled in a public school special education class and defined for the purpose of this study as seriously emotionally disturbed or multiply handicapped (seriously emotionally disturbed and mentally retarded) as outlined in the laws of California Title V Regulations.

Support Services - this refers to <u>all</u> personnel who are not in the classroom and not directly teaching seriously emotionally disturbed students. Such personnel are designated as counselors, treatment staff, psychologists and generally serve as a helping agent to teachers when SED students encourter emotional and behavioral crises in the classroom or on campus.

High Structure - this refers to the use of directive management entailing the specific outline of rules and regulations that students are required to follow on campus. It also implies a special balance between having students adjust to the social milieu while teachers and clinicians adjust to student needs. Also, positive contingency management was used by staff to facilitate directive management.

Anxiety Level - this is the degree of anxiety that the SED students feel as a result of being moved from the treatment setting to the regular centralized campus setting as rated on the student questionnaire (see Appendix B).

Coping with Structure - this is defined as the degree that the SED student perceived he was able to satisfactorily follow the demands and requests of teacher and treatment staff on the regular centralized school campus as rated on the student questionnaire (see Appendix B).

Academic Progress - this refers to SED students' perceptions of their ability to perform academic tasks at the regular centralized school campus as rated on the student questionnaire (see Appendix B).

Treatment Personnel - this refers to any staff member who belongs to a Licensed Children's Institution and who functions in the role of a therapist, clinician, counselor, etc., who is outside the responsibility of the educational domain.

Teachers - this refers to credentialed special education teachers in the State of California who are involved with the student for the total day in the regular classroom and whose dual primary goals consist of remediating deficits in the areas of the social-affective domain and in academic functioning.

Lierkert Scale - teacher rating of a response to a question on a scale of 1 to 5. Poor is equal to a range of 1 and 2; average is equal to a range of 3 and excellent is equal to a range of 4 and 5.

Chapter II

Review of the Literature

In researching the literature, this author was amazed at how few studies have been done in the area of residential centers or Licensed Children's Institutions (LCI) for the seriously emotionally disturbed (SED) in relation to such factors as:

1. Effectiveness in integrating the educational staff programs with clinical/treatment staff programs.

2. The adjustment of residential SED students to the educational process at a centralized school facility off-site from the clinical treatment facility.

Three studies were found that were closely related to the investigation at hand. The first study, "Psychiatric Rehabilitation in a Community Center", by L. Goveia and T. Tutko[1] compared "the therapeutic effectiveness of treatment in a state hospital with treatment in a supportive, residential halfway-house facility"[1] for patients diagnosed as in the acute stages of psychiatric episode. Results of the study indicated that the residential community setting was more effective than the state hospital in treating patients. Success was measured in terms of greater vocational success and income after discharge, economic independence, and emotional stability. Focus of the study was on adult populations rather than junior/senior high aged students. Also, success criteria emphasized vocational economic independence and emotional stability. Finally, this study focused primarily on the relationships between state hospitals versus residential community settings not educational versus residential community settings.

A second pulication, "Project Re-ED: New Concepts for Helping Emotionally Disturbed Children", by E. Bower[2], was the first study that focused on emotionally disturbed children and teacher/counselor training in handling SED children in a residential program. Results showed that "18 months after discharge indicated moderate or great improvement for 80% of the children"[2]. Much emphasis in the study was placed on evaluating advanced teacher/counselor training so that educational staff would be more able to have less reliance on clinical treatment staff and more confidence in handling the SED child. The residential program was a 24 hour, 5 day a week program.

Interestingly, data in this report indicated that the teacher/student ratio was 1 to 8. Such an exception is not made in California for SED children in a self-contained class. Class size in California and through pressure from County and State Departments due to a recent

tax cuts via Proposition 13, do not allow or recognize the needs of the exceptional child at residential facilities and as a result, mandated 12 children in such a class as though they were still on a regular school campus. In addition to the 1:8 teacher/student ratio, there was one full time counselor per eight students to help coordinate the child's admission, maintain home/community communications, records, part time jobs, and discharge.

In summary, "Project Re: ED" showed that an effective rehabilitation of the SED student from the educational perspective entails much smaller student/counselor ratios than is presently allowed for in California educational regulations. Also, more intensive teacher inservice in handling residential SED students need to be given. This study did not focus on clinical staffs' role in relation to the teachers. Finally, with more training and experience, teachers were reported as being just as effective as psychologists and counselors in dealing with SED students.

The final study reviewed was "Youth in Trouble, A Vocational Approach. A Vocational Rehabilitation Demonstration in a Residential Treatment Center to Meet the Vocational and Community Adjustment Needs of Emotionally Disturbed Youths Adjudged to be Juvenile Delinquents", by M. Zivon[3]. The study determined the "feasibility of a comprehensive program integrated with other treatment services and identify the major factors associated with community and vocational adjustment and maladjustment"[3]. Activities of the program focused on counseling, job training, career education, and job assessment/placement. Results of this study indicated that "treated boys tended to maintain acceptable conforming behaviors in the work areas; but untreated boys showed a drop at the 6 month and 1 year follow up". Also, work exposure seemed to be the most effective part of this program when used with counseling.

In summary, a review of the literature revealed the following:

1. Very little research has been done in the area of effective public school education for SED children in a residential or licensed children's institution.

2. High emphasis was placed on career-vocational training which seems to have proved critical in providing success[1,2].

3. That success rates were much higher in residential treatment facilities than in state hospitals[1].

4. That with advanced training, educational staff are just as effective as clinical/psychiatric staff in managing and effecting positive behavioral changes in SED students[2].

5. That an effective student ratio has been reported as one teacher/counselor for eight SED students in residential settings[2].

CHAPTER III

THE DESCRIPTION OF THE SAMPLE

Educational Staff: The age range of teachers was between 28 and 50 years. There were four female teachers and six male teachers. All teachers possessed a Special Education Credential through the State of California. All staff had prior experience in dealing with seriously emotionally disturbed students and multihandicapped students. The Principal for the special education summer school program was also a credentialed school psychologist with background in dealing with behavior disorders and seriously emotionally disturbed students.

Treatment Staff: The average age for personnel was between 25 and 45 years. Educational training varied from two years of college to four or more years of education. No data was available regarding the type of licensing or credential that treatment staff held. Data from a total of eleven treatment personnel were utilized in this study.

Students: The age range of students was from 10 to 18 years of age. There were 16 females and 41 male students. All students were classified as either seriously emotionally disturbed or multihandicapped (i.e., seriously emotionally disturbed and mentally retarded). Although approximately 90 students were enrolled for the summer session, the total size of the sample used was 60 students based on those students in attendance the last day of summer school.

MATERIALS SECTION

Two separate questionnaires were developed, one for the teacher-treatment staff and one for the students.

Teacher Treatment Staff: On this questionnaire, question one used a Lierkert Scale format where the staff could rate their responses from a low of 1 to a high of 5. Questions two through six on the teacher-treatment survey were an open ended pre and post format (Appendix A).

Student Survey: For the students a Lierkert Scale format was again used for questions 1, 2 and 3. Question 4 was open ended where students were free to respond in any way they chose. (Appendix B).

PROCEDURES

Both the teacher-treatment survey and the student survey were administered at one time at the end of summer school. Both staff and students at this time were asked to rate their attitudes/perceptions for each question. They were to rate their feelings as they were at the beginning of summer school and at the end of summer school.

The standard deviation and the (T) test for means was utilized on the pre and post Lierkert rating scales for the teacher-treatment staff and student questionnaires. Also, on the student questionnaire, a correlation coefficient was utilized, Pierson Product Moment Correlation-R. The correlation coefficient was used to determine if any relationships existed between the independent variable (i.e., attendance on the regular school campus) and the dependent variable (.e., anxiety, high structure, and school performance).

For those questions on the staff and student surveys indicating only trends, "means" and "percentages" were utilized in analyzing data.

LIMITATIONS OF THE DATA AFFECTING TESTING RESULTS

Educational and Licensed Children's Institution Treatment Staff: The distribution of the testing data will tend to be less parametric since:

a. The sample size was small in all cases ranging from eight to nineteen treatment-educational staff.

b. We have a select group made up of teachers and treatment staff with average to above average intelligence, with educational background of a bachelor's degree or more; with special education teaching or counseling competencies.

Students: This distribution of testing data will again be to some degree less parametric since:

a. Nineteen days of summer school was not viewed as a long enough period of time to effect a significant change in terms of differences between pre and post test data (utilizing a "T" test analysis). It was believed that correlation coefficience would be a better indicator of possible relationships.

b. A number of seriously emotionally disturbed students at the Licensed Children's Institutions who would normally have attended the classes at the regular school campus for summer were instead attending special work programs independent of the school campus. Data from these students could not be included in this study.

The survey was not factor analyzed or field tested to determine internal consistency for the structured questions within the survey. However, enough open ended-unstructured questions were used in each survey to help minimize this problem.

CHAPTER IV

SUMMARY

CONCLUSIONS DRAWN FROM STATISTICAL DATA

Educational/Treatment Staff:

Question 1a and 1b: These two questions can be dealt with together since they were virtually asking for the same kind of information. There was no significant difference between the scores of the teaching staff and treatment staff's responses (therefore accept null hypothesis). In viewing the group data (see Appendix C and D), it was noted that the mean score was a 4.57 for question 1a and 4.72 for question 1b, with a range of 3.55 to 5.0 and 3.66 to 5.0, respectively. It can be stated that the teaching staff and treatment staff felt that backup support was from high average to excellent when student disruptions occurred in the classroom and on campus. Of primary importance here is the fact that the teachers who are on the front lines with these students in the classroom were feeling quite satisfied that they could count on definite support from administration and treatment staff. Therefore, before undertaking the education of such emotionally disturbed students, administrative staff responsible for planning such a program, must ensure adequate support services to teachers.

Question 1c: This question resulted in a significant difference between the treatment staff and the teaching staff's observations regarding the adequacy of procedures used in handling students during the emotional/behavioral crises (therefore, reject null hypothesis). Teachers' mean score was 3.87 with a range of 2.75 to 5.0, indicating ratings from poor to excellent. Treatment staff had a mean score of 4.72 with a range of 4.27 to 5.0. Therefore, there seems to be a wider variance of opinion among teachers in regards to what they consider adequate techniques in handling student behavioral and emotional problems. (See Appendix E). However, treatment staff had very little disagreement among themselves and rated all the treatment techniques utilized in dealing with behavioral and emotional problems of students as adequate. One hypothesis regarding this may be due to the differences in the training background of the personnel. Teachers are primarily oriented toward academic endeavors rather than counseling/therapy or group management techniques. Such techniques entail a variety of practices which may not be familiar to teachers. One way to close this gap is to provide more inservice for teachers as to the types of techniques that are used by treatment and administrative support as well as the rationale for their use.

This data also indicates that special education teachers who are attempting to remediate social/emotional deficits of such seriously emotionally disturbed students may not be trained properly at the college level. It is possible that the various schools of education will have to focus more on counseling and group processing as part of their curriculum. Also, teachers who are training in this area will have to realize and accept the fact that they must effectively deal with behavioral/emotional overlays in the student rather than with just a classical learning disability when teaching seriously handicapped students.

Question 1d: There was no significant difference between opinions of treatment staff and teaching staff in regards to the cooperation of Licensed Children's Institution personnel in aiding with student problems (accept null hypothesis). The group mean score was 4.38 with a range of 3.54 to 5.0, indicating high average to excellent cooperation between clinical staff and teachers when working together in dealing with student crises (See Appendix F).

Data and observations from this question support the premise that educational staff and clinical staff from different Licensed Children's Institutions can work effectively together at a centralized educational facility to serve the educational needs and most of the emotional/behavioral needs of seriously emotionally disturbed students. Note that the words "most of the emotional/ behavioral needs" as used there. This is because there were a number of disturbed students who were still unable to cope with the stress of the centralized school setting and had to be removed back to the treatment facility despite maximum efforts by educational and treatment staff to help the student succeed Approximately five to eight percent of the total summer school student population needed the more specialized services of the Licensed Children's Institution. This indicates two important facts. First, many more seriously handicapped students are able to function at a special centralized educational facility than was thought possible. Second, it seems that there will always be a need for some type of self-contained class at the Licensed Children's Institution treatment facility to serve five to eight percent of the residing students whose behavioral/emotional needs cannot be met at a centralized educational facility.

Question 1e: Data here (see Appendix G) indicated that there was no significant difference between the perceptions of teaching staff and treatment staff regarding the use and effectiveness of time-out procedures at the school site (therefore, accept null hypothesis). The mean rating for this question was 3.94 with a range of 2.97 to 5.0, which was in the low satisfactory to excellent range. This wide variance is related to the types of comments made by staff to this question. Generally, staff felt that considering the lack of time, preparation and choice of ideal facilities in setting up the summer program with a suitable time-out area, that the effectiveness of time-out at the junior high school was satisfactory. However, an ideal situation would entail the use of a larger and more secluded time-out area. Treatment and teacher staff felt that this would be much more effective when employing a systematic exclusion approach.

Question 2a: This question (see Appendix H) dealt with the teaching staff, and treatment staff's observations regarding seriously emotionally disturbed students' attitude toward attending school on a regular campus. Results indicated that 82% of the staff felt that they observed a positive increase in the attitude of the students when they were allowed to go again to a centralized campus setting.

Question 2b: This question (see Appendix H) dealt with staff's observations of how students responded to the use of a high structured educational system. Results indicated that 100% of all staff observed that the students seemed to do better under a very direct high structured approach.

Questions 2c and 2d: These questions (see Appendix H) dealt with staff observations regarding increases in students' academic levels (question 2c) and degree of work output (question 2d). In regards to question 2c, results indicated that

80% of the teachers felt that there was a positive improvement in pre and post summer school performance, while only 25% treatment staff felt they observed positive academic growth. Therefore, there is a difference of opinion by treatment staff and teachers as to whether the students can significantly improve academically in a centralized school campus versus a treatment setting campus at a Licensed Children's Institution. It can be hypothesized that due to the differences in training background, that treatment staff may not be adequately familiar with techniques utilized by teachers to judge gains in academic and behavioral areas. Inservice of treatment staff into educational assessment would help narrow these differences when evaluating academic and behavioral performance.

In regards to question 2d, data indicates that 80% of both clinical and educational staff observed a positive increase in productive academic work output by these students. Product work output could be another way of describing "motivation" which seems to have increased at the regular centralized school campus during the summer.

Question 2e: This question (see Appendix H) dealt with treatment and teaching staff's attitudes regarding haveing summer school at a centralized school campus. Results indicated 83% of the teaching staff and 55% of the treatment staff were in favor of this type of program. The primary difference in opinion was within treatment staff's own ranks, which were nearly split 50-50 in opnion. Despite the fact that a major number of student trends indicated by responses on questions 2a, 2b, and 2d, are viewed as positive by a majority of treatment staff, there is still a reluctance by approximately one half of the Licensed Children's Institution clinicial/treatment staff to see any advantages for these seriously emotionally disturbed students attending classes away from the Licensed Children's Institution treatment facility. This data may also indicate that although clinical/treatment staff successfully worked together with educational staff for the 19 day summer school, that there was still a strong underlying resistance by approximately half of the clinical/treatment staff to be located at a centralized educational complex away from their Licensed Children's Institution facility. This data seems to caution administrative personnel that, if in the future, seriously emotionally disturbed students from the local Licensed Children's Insitutions are again placed at a regular centralized school campus, that the educational system must be prepared to supply enough of its own personnel for support services to the regular teacher rather than reply primarily on crisis intervention by treatment staff as was done during this summer program.

Question 3: Question 3 (see Appendix I) dealt with teachers' observations regarding the optimum time for educating seriously emotionally disturbed students who generally reside at a local Licensed Children's Insttituion. This question was prompted by various administrative suggestions to conduct classes for seriously emotionally disturbed and multihandicapped students in the late afternoon from approximately 2 to 6 PM. Data indicates that 100% of both teaching staff and treatment staff fully agree that the optimal time for educating these kinds of students was best met in the morning hours some where between 7:30 AM and 12:30 PM.

Question 4: This question (see Appendix J) was included in the survey in order to develop a future needs assessment for teacher/treatment staff, if these professionals found themselves again working together with seriously emotionally disturbed and multihandicapped students on a centralized educational facility campus. The following needs were listed in priority:

a. more total staff support
b. include teacher aides in the classroom, especially since class size is at maximum capacity per state law
c. 1. provision for teaching materials
   2. a better isolation area for disruptive students

Questions 5 and 6: 71% of the teaching staff and treatment staff (see Appendix K) indicated that the role of the treatment/clinical personnel should be that of direct backup to the teacher which included intervention during student behavioral/emotional crisis in the classroom. 29% of the total staff was in opposition with the major portion of this minority opposition coming from educational staff. This 29% felt that treatment staff's role should only be one where treatment staff is notified of the student's progress and where clinical staff would then meet with the teachers only to discuss ways of dealing with the student's problems in the classroom. It can be concluded that there is still a large minority of educators who believe that clinical/treatment involvement with the educational system should be very minimal and that direct crisis intervention in the class is not necessarily a part of that involvement.

A further analysis of the 71% of total staff who viewed the treatment role as direct backup to the teachers was made. Data suggests that the major portion of clinical/treatment staff (88%) are willing to take an active part in the classroom with the teachers in dealing with the serious behavioral/emotional problems of these students (however, there is still a tendency by approximately one-half of the treatment staff, based on responses to question 2e, to resist such classroom involvement if the school facility is located off the treatment site grounds). At the same time, 66% of the educational staff is willing to accept direct treatment assistance or intervention in the classroom, while 34% are resistant to this "kind" of help. Therefore, the greatest amount of in-service needs to be done with teaching staff and training them how to work more effectively with clinical/treatment personnel (these results also seem to correlate with teachers' lack of knowledge regarding the use of therapy and group counseling techniques by treatment staff per question 1c).

Students:

A narrative summary of the obtained statistical data is as follows:

Question 1: (see Appendix L) There was no significant difference between pre and post testing data in regard to anxiety levels and attendance at school on a regular campus facility (therefore, accept null hypothesis 1a). This was expected due to the short duration of the summer school program in which to effect a significant change. However, a significant correlation was found at the .05 level for the females and at the .001 level of significance for male and total group (therefore, reject all hypothesis 1b). This suggests that there seems to be a direct correlation between attendance at school on a regular centralized school campus and the lowering of anxiety level over time for SED students residing at a Licensed Children's Institution.

Question 2: (see Appendix M) There was no significant difference between pre and post test data in regards to students' perceptions of being able to follow rules better at a high structured centralized campus facility (therefore, accept null hypothesis 2a). This was expected due to the short duration of the summer school program in which to effect a significant change.

However, a significant correlation was found at the .01 level for males and in the total group. At the same time, the female correlation was not significant. This indicates that for the male students there seems to be a positive relationship between the students' attendance on a regular campus facility and their perceptions that they can adjust to the structured rules required in such a setting (reject null hypothesis 2b). However, there was no significant correlation for the female students (accept null hypothessis 2b). It is difficult to hypothesize what may have influenced the female students' perceptions that they were not able to handle the regular school structure at the end of summer session any better than in the beginning. This is especially confusing since 100% of all the support and teaching staff observed that students seemed to adjust well by the end of summer school session to the high structure. One reason may be that there is a lack of adequate feedback to the female students to indicate that they are actually doing better than they think.

Question 3: (see Appendix N) No significant difference was obtained between the pre and post test data which might suggest that students perceive their academic performance better at the end of summer school when participating at a regular school campus (therefore, accept null hypothesis 3a). This was expected due to the short duration of the summer school program in which to effect a significant change.

However, a significant correlation existed at the .001 level for male, female and total group rating (reject null hypothesis 3b). Therefore, there does seem to be a positive relationship between students' attendance at a regular centralized school campus and their perceptions of increased academic ability. It is interesting to note that the students' perceptions of their academic improvement is at variance with treatment staffs' perceptions (i.e., 75% of the treatment staff saw no gains) and are in accord with the teachers' observations (i.e., 80% of the teachers saw growth).

Question 4: (see Appendix O) The attempt here was to obtain data from students which they felt would help them perform better at a centralized school facility. 38% of the females wanted mixed co-ed classes and 29% of the males wanted mixed co-ed classes. Of the total group, 37% of all students indicated that mixed co-ed classes would help them adjust better in the regular school setting. Considering that two of the three Licensed Children's Institutions have students isolated from the opposite sex, it is possible that sex segration at this age creates additional stress and lends to more difficulty in acceptable classroom adjustment.

Administrative Observations and Future Needs:

The following is a list of observations made by myself from the view point of an administrator and psychologist in dealing with seriously emotionally disturbed students who are brought in from a local Licensed Children's Institution and placed at a centralized school campus facility:

1. The actual school facility itself must have a good visual layout where all exits, doors and walkways can be scanned from a single main office area. The obvious reasons for this is to allow for better visual control in case of problems on campus.

2. The use of systematic exclusion can best be implemented if the time-out area is much larger and more isolated from visual and auditory distractions of other student activities.

3. There is a definite need to have sufficient office space for treatment staff who wish to make themselves available to counsel with students.

4. At least one non-administrative back up staff (i.e., counselor) is needed for every 30 SED students at the centralized school facility.

5. The bus drop-off and pick-up time for the students from each Licensed Children's Institution needs to be staggered. Buses need to deposit students at the classroom doors where they can be escorted directly to classes, thus minimizing the problems of behavioral control.

6. Classes need to be grouped primarily by sex and facility.

7. Breaks need to be staggered for each class. Break time for students must be kept to approximately 15 minutes in length.

8. Back-up staff needs to constantly circulate on campus and not hesitate to enter a class or aid a teacher with behavior management. This can include taking a disruptive student out of that class for counseling and/or systematic exclusion.

9. Teaching staff must utilize a high degree of contractual management or token economy systems. The primary social reinforcer can be of co-educational extended breaks once a week and co-ed dances one a month. Students who had behavioral problems during the week would not be allowed to attend such social occasions. They would be required to perform classwork during these special occasions and receive separate class breaks.

10. The total general staff needs to have more extensive inservice training on procedures of restraining, its purpose, and when to use or not use it.

11. Since there were still approximately 8% of the students who had to be returned to the Licensed Children's Institution, a plan needs to be developed which will also service these students needs at the Licensed Children's Institution.

Date:_____

SUMMER SCHOOL EVALUATION

____Teacher

____Treatment Staff-LCI's

Circle one response for each question. Number one (1) is the lowest and number five (5) is the highest.

1. Rate school support services in terms of:

A.	Backup for student disruptions in class	1	2	3	4	5
B.	Backup for student disruptions on campus	1	2	3	4	5
C.	Adequate procedures as you observed regarding the handling of student crises/problems	1	2	3	4	5
D.	Cooperation from LCI treatment staff	1	2	3	4	5
E.	Use and effectiveness of "time out" at the school site (give suggestions for furthur implementing time out or other procedures in handling students:_____	1	2	3	4	5

_____

_____

_____

2. Give pre and post observations regarding:

A. Students attitude toward attending schol on a regular school campus:

Pre:_____

_____

Post:_____

_____

B. Students behavior response to the high structure encountered here on campus and in class:

Pre:_____

_____

Post:_____

_____

C. Students level of academic performance:

Pre:_____

_____

Post:_____

_____

D. Students degree of work output:

Pre:_____

_____

Post:_____

_____

E. Teacher/treatment staff attitude regarding having summer school on a regular campus:

Pre:_____

_____

Post:_____

_____

3. Based on your observations check those hours which you consider optimum learning time for the LCI students.

_____approximately 7:30 a.m. to 12:30 a.m.

_____approximately 1:00 p.m. to 5:00 p.m.

Why?_____

_____

_____

4. List future needs as a teacher/treatment staff if you were working again on a regular school campus with LCI students._____

_____

_____

5. If you are a teacher, how do you see the treatment specialists role in relation to the educational process?_____

_____

_____

_____

6. If you are a treatment staff, how do you see your role in relation to the educational process?_____

_____

_____

_____

DATE: _____

_____ Male

_____ Female

_____ Age

CIRCLE ONE OF THE NUMBERS TO EACH QUESTION. THE LARGER THE NUMBER THE MORE YOU AGREE WITH THE QUESTION.

		TRUE - - - - - FALSE
1.	A. When I started school this summer I was happy and very relaxed about coming here.	5 4 3 2 1
	B. Now I am relaxed and happy about being here at school.	5 4 3 2 1
2.	A. When I started school this summer I could follow class rules with no trouble.	5 4 3 2 1
	B. Now I follow class rules with little trouble.	5 4 3 2 1
3.	A. When I started summer school I could do the class work that my teacher gave me.	5 4 3 2 1
	B. Now I can do the class work that my teacher gives me.	5 4 3 2 1

4. What would make off site school better for you so you could "make it".

_____

_____

_____

_____

APPENDIX B

TREATMENT AND TEACHERS

QUESTION 1A

SUMMARY

	Group	Treatment	Teachers
N	19	11	8
$\overline{X}$	4.57	4.63	4.5
SD	1.0	.5	1.36
Variance	1.02	.25	1.85
Range	3.55 - 5.0	4.13 - 5.0	3.14 - 5.0
Obtained T Score		0.0	
Expected T at .05		2.110	
Expected T at .01		2.898	
Expected T at .001		3.965	
Significant			
Non-significant		accept null hypothesis	

APPENDIX C

TREATMENT AND TEACHERS

QUESTION 1B

SUMMARY

	Group	Treatment	Teachers
N	18	11	7
$\overline{X}$	4.72	4.72	4.71
SD	1.06	.45	.94
Variance	1.14	.21	.90
Range	3.66 - 5.0	4.27 - 5.0	3.77 - 5.0
Obtained T Score		.02	
Expected T at .05		2.12	
Expected T at .01		2.92	
Expected T at .001		4.01	
Significant			
Non-significant		accept null hypothesis	

APPENDIX D

TREATMENT AND TEACHERS

QUESTION 1C

SUMMARY

	Group	Treatment	Teachers
N	19	11	8
$\overline{X}$	4.36	4.72	3.87
SD	.89	.45	1.12
Variance	.80	.21	1.26
Range	3.47 - 5.0	4.27 - 5.0	2.75 - 5.0
Obtained T Score		2.65	
Expected T at .05		2.11	
Expected T at .01		2.56	
Expected T at .001			
Significant		yes at .01 level only	
Non-significant			

APPENDIX E

TREATMENT AND TEACHERS

QUESTION 1D

SUMMARY

	Group	Treatment	Teachers
N	18	11	7
$\overline{X}$	4.38	4.63	4
SD	.84	.5	1.14
Variance	.72	.25	1.3
Range	3.54 - 5.0	4.13 - 5.0	2.86 - 5.0
Obtained T		1.65	
Expected T at .05		2.12	
Significant			
Non-significant	No difference between means is not significant and is due to chance		*

inferences can only be made on group column in regard to $\overline{X}$, SD and range.

APPENDIX F

TREATMENT AND TEACHERS

QUESTION 1E

SUMMARY

	Group	Treatment	Teachers
N	19	11	8
$\overline{X}$	3.94	4.09	3.75
SD	.97	.94	1.03
Variance	.96	.89	1.07
Range	2.97 - 5.0	3.15 - 5.0	2.72 - 5.0
Obtained T		.65	
Expected T at .05		2.11	
Significant			
Non-significant	No ∴ any difference between means is not significant and is due to chance		*

inferences can only be made on group column in regard to $\overline{X}$, SD and range.

APPENDIX G

TREATMENT AND TEACHERS
QUESTION 2 (a,b,c)

SUMMARY

	Group			Treatment			Teacher		
	2a	2b	2c	2a	2b	2c	2a	2b	2c
% of positive trend	82%	100%	55%	80%	100%	25%	85%	100%	80%
% of negative trend	18%	0%	45%	20%	0%	75%	15%	0%	20%
Total useable N	17	11	9	10	7	4	7	4	5

QUESTION 2 (d,e)

	Group		Treatment		Teacher	
	2d	2e	2d	2e	2d	2e
% of positive trend	80%	66%	80%	55%	80%	83%
% of negative trend	20%	34%	20%	45%	20%	17%
Total useable N	10	15	5	9	5	6

APPENDIX H

TREATMENT AND TEACHERS

QUESTION 3

SUMMARY

	7:30 A.M. - 12:30 P.M.	1:00 P.M. - 5:00 P.M.
Treatment	N = 11 or 100%	0
Teachers	N = 8 or 100%	0
Group	N = 19 or 100%	0

Conclusion: 100% of all staff see optimal time to educate as best in the morning hours

APPENDIX I

TREATMENT AND TEACHERS

QUESTION 4

Treatment Staff

1. TA's; school administrative staff; clinical staff
2. Level grouping
3. Increase preparation - organization initially
4. More positive incentives; films and assemblys
5. More isolation rooms, offices
6. (NA)
7. More teachers
8. More staff and TA's
9. TA's and isolation area for kids out of class
10. TA's; quiet room where kids can get it together
11. TA's and additional support staff

N = 11
Useable N = 10

4/10 = request TA

3/10 = better time out-isolation
4/10 = more support staff

Teachers

12. (NA)
13. Supplies
14. Supplies; TA's
15. More treatment staff
16. Prompt feedback on why students absent
17. More treatment staff
18. (NA)
19. Preparation time; materials

N = 8
Useable N = 6

3/6 = requested materials

2/6 = more treatment staff
1/6 = TA's

Group Results:

1. 5/16 for TA
2. 6/16 for more support staff
3. 3/16 for materials
4. 3/16 for better student isolation rooms

APPENDIX J

TREATMENT AND TEACHERS

QUESTIONS 5 and 6

Treatment
Question 6

1. Consultation outside classroom
2. Assist in improving his progress and attitude
3. To have disruptive class students immediately involved with treatment
4. Encourage good behavior
5. Minimize emotional interference in learning process
6. Important in a theraputic environment
7. A must
8. Good
9. Assist teaching staff in facilitating corrections of student behaviors---for classroom
10. Give teachers support
11. Back up as parent, not as a support personnel functioning as a school employee

N = 11
Useable N = 8

88%=7/8 see their role as active support to teachers in dealing directly with student problems in class

---

Teachers
Question 5

12. (NA)
13. Control; back up
14. Child learns better when caseworkers deal theraputically with student
15. Back up; help student to work well in school
16. Necessary to take over problems on occasion
17. A lot to work with once student out of class
18. Be involved and have daily feedback
19. More feedback to treatment to discuss "why" and what

N = 8
Useable N = 6

66%=4/6 see treatment role as back up to teacher

34%=2/6 see treatment role as only being notified of student progress and discussing plans to deal with student problems

Group
Useable N = 14

71%=10/14 see treatment as active involvement and support with classroom teacher

APPENDIX K

STUDENT

SUMMARY OF QUESTION 1
(Anxiety vs Relaxed)

	Group		Male		Female	
	Pre	Post	Pre	Post	Pre	Post
N	57	57	41	41	16	16
$\overline{X}$	3.29	3.61	3.43	3.75	2.93	3.18
SD	1.71	1.47	1.64	1.48	1.87	1.57
Obtained T	1.1		.0		.40	
Expected T at .05	1.98		1.9		2.0	
Significant T						
Non-significant T	non-sig.		non-sig.		non-sig.	
Obtained R	+.60		+.66		+.50	
Expected R at .05	-		-		.49	
Expected R at .001	.41		.49		-	
Significant R	yes		yes		yes	
Non-significant R	-		-		-	

Significant R's indicate that one can predict a trend that SED students placed on a regular campus will over time become less anxious and more relaxed in such an environment.

Non-significant T indicate that there is no real or significant difference between pre and post attitudes of SED students being placed on a regular campus for four weeks.

APPENDIX L

STUDENTS

SUMMARY OF QUESTION 2
(following class rules)

	Group		Male		Female	
	Pre	Post	Pre	Post	Pre	Post
N	57	57	41	41	16	16
$\overline{X}$	3.59	3.71	3.46	3.70	3.93	3.75
SD	1.37	1.56	1.33	1.56	1.23	1.61
Obtained T	.44		.85		.36	
Expected T at .05	1.65		1.90		2.04	
Significant T	-		-		-	
Non-significant T	non-sig.		non-sig.		non-sig.	
Obtained r	.37		.41		.186	
Expected r at .05	-		-		-	
Expected r at .01	.33		.39		-	
Significant r	sig.		sig.			
Non-significant r	-		-		non-sig.	

APPENDIX M

STUDENT

SUMMARY OF QUESTION 3
(Academics)

	Group		Male		Female	
	Pre	Post	Pre	Post	Pre	Post
N	55	55	39	39	16	16
$\overline{X}$	4.12	4.25	4.05	4.28	4.3	4.18
SD	1.20	1.18	1.29	1.19	.94	1.22
Obtained T	.59		.82		.311	
Expected T at .05	1.9		1.98		2.04	
Significant T						
Non-significant T	non-sig.		non-sig.		non-sig	
Obtained r	.77		+.84		+.78	
Expected r at .001	.41		.49		.74	
Significant r	yes		yes		yes	
Non-significant r						

APPENDIX N

QUESTION 4

FEMALES

1. co-ed classes; less strict
2. (NA)
3. breaks with boys
4. mixed classes
5. co-ed class/fairer teachers
6. harder work/longer breaks/mixed classes/teachers who care
7. not having another teacher like _____
8. have D. off my case
9. (can't read)
10. work on my level
11. (can't read)
12. not so much work
13. (NA)
14. more work/an aide
15. an aide
16. (NA)

N = 16

Useable N = 11

6/16 = 38% want mixed co-ed classes

Appendix O

QUESTION 4

MALES

17. (NA)
18. (NA)
19. (NA)
20. shorter time out
21. following rules
22. (NA)
23. I didn't like school here
24. (NA)
25. don't know
26. (can't read)
27. (can't read)
28. (NA)
29. longer breaks
30. learned a lot
31. girls
32. girls
33. girls
34. (NA)
35. girls
36. girls
37. unhappy with Principal
38. liked school
39. (can't read)
40. movies/longer breaks/field trips
41. ambivalent feeling towards Principal
42. ambivalent feeling towards Principal

Appendix O

QUESTION 4 (cont'd)

MALES

43. don't know

44. co-ed class with girls

45. pretty girls

46. don't know

47. don't know

48. do truck pictures

49. get to school on time

50. ride bikes/more counseling

51. (NA)

52. fix air conditioner

53. fix air conditioner

54. snacks at breaks

55. off grounds privilages

56. (NA)/5% go to town

N = 40

useable N = 24

7/24 = 29% want mixed co-ed classes

Total useable N = 35

13/35 = 37% want mixed co-ed classes

APPENDIX O

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